

STATE OF MARYLAND DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES CRIMINAL JUSTICE INFORMATION SYSTEMS – CENTRAL REPOSITORY

LIVESCAN PRE-REGISTRATION APPLICATION				
APPLICANT INFORMATION (PLEASE TYPE OR PRINT CLEARLY)				
Name:				
Date of birth: SSN:		Gender: 🔲 N		e 🗌 Female (Please check)
Height: ft. inches Weigh	t: Ibs.	lbs. Eye Color:		Hair Color:
Race: Black White	☐ Asian/Pacific Island	ler 🔲 N	ative American	Other (Please check)
Place of Birth:		Citizenship:		
Current address:				
City:		State:		ZIP Code: -
Daytime Phone:	Evening Phone:		Driver's License #:	
AGENCY INFORMATION				
Agency Authorization #: 1600003694				
ORI # (if required): MD920530Z		Reason fingerprinted?		
Position Applied for:				
Request Type: (Choose one ONLY) Adult Dependent Care Attorney/Client Child care Criminal Justice Gold Seal/ Adoption Gold Seal/Letter/VISA Government Employment		Government Licensing or Certification Immigration/VISA Individual Challenge Individual Review MSP Licensing Private Party Petition Public Housing		
Mail Response to: (Mailing option only available for Visa Gold Seal and/or Individual Review)				
Name: Maryland Board of Occupational Therapy Practice, Attn: Lauren Murray				
Address: Spring Grove Hospital Campus, 55 Wade Avenue, Bland Bryant Bldg., 4 th Floor				
City, State, Zip code: Baltimore, MD 21228				